EXHIBIT B

United States Bankruptcy Court, District of Nevada

In re USA Commercial Mortgage Company,

Chapter 11 Case No. 06-10725

VOIDED CLAIM

Claim	Number 1686 was voided for the following reason:
	Clerical Error
\boxtimes	Duplicate of Original Filed Under Another Claim Number (Claim No. 1683)
	Other:

UNITED SATE	70 5 a10	35 gyv26 100 0 9065,	21 689	CF QF1 QHAMO	4,22,3 _{ge} Pa g e	23 of 11
Name of Dation			Case Nu	mher:		
Name of Deblor:		0	Case Number: 06-10725-LBR			
USA Commercial M	orgaçe	Company	06-107	29-LBK		
NOTE: See reverse or Lis						
		claim for an administrative exp		Check box if you are aware that anyone else has		
ladministrative expense may	rent of this he field rai	case. A 'request" for payment	Oran	filed a proof of claim relating		OWED MONEY BY A BORROWER
THE RESIDENCE OF A SECOND PROPERTY OF SECOND	क प्रकार प्रकार क	. Linear series in . 4 A well that the first transfer additional strain and the series and		to your claim. Attach copy of statement giving particulars.		BEING SERVICED BY THE D NOT HAVE TO FILE A PROOF
Name of Creditor and				_	OF CLAIM. THIS I	NCLUDES MONEY FROM THAT O IN THE COLLECTION ACCOUNT.
5. 471 TO 11.5 PT		1132 (24203) 24	9	Check box if you have never received any notices	BURROWER HELL	NA THE COLLECTION ACCOUNT.
→ CAPGG-TT, 233 BRANCI				from the bankruptcy court or		PROOF OF CLAIM FOR A
ESEE CONT.				BMC Group in this case.	SECURED INTERE	EST IN A BORROWER THAT IS NOT TORS.
				Check box if this address differs from the address on the		ady filed a proof of claim with the
1				envelope sent to you by the		or BMC, you do not need to file again.
Creditor Telephone Number	(iii) 371	11137		court.		IS FOR COURT USE ONLY
Last four digits of account or	c ther num	t er by which creditor identifies	debtor:	Check here replace or if this claim amer	cesCLA M4 # (-00) a previously finds	151,123,674,673 filed claim dated: 10120 ao 10123 ao
1. BASIS FOR CLAIM			Retiree t	penefits as defined in 11 U.S.	.C. § 1114(a)	Unremitted principal
☐ Goods 30ld	[] Pais	c nal injur //wrongful death		salaries, and compensation (Other claims against servicer
Services performed	□ Tab∈s)!	1	digits of your SS #:		(not for loan balances)
Money loaned	Di Otto Light	er (describe briefly)	Unpaid o	compensation for services pe	rformed from:	(date) to (date)
2. DATE DEBT WAS INCUI	RED:	TillXo	3. IF C	OURT JUDGMENT, DATE O	BTAINED:	(date)
4. CLASSIFICATION OF CI	AIN. CI	k the appropriate box or boxes that				e time case filed.
UNSECURED NONPELOR				SECURED CLAIM		
Check this box if: a) there exceeds the value of the p	is no collate reperty secu	rel or lien securing your claim, or buring it, or it or none or only part of y) your claim our claim is	a right of setoff).	our claim is secure	ed by collateral (including
entitled to priority. UNSECURED PRIORITY C				Brief description of	collateral:	
		ed claim, all or part of which is		Real Estate	☐ Motor Vehicle	Other
entitled to priority.	•			Value of Collateral		do, 667.00EST
Amount entitled to pricitly	ب ∓ معامات			secured claim, if any:	nd other charges \$ 633.3	at time case filed included in
Specify the priority of the o		U.S.C. § £07(a)(1)(A) or (a)(1)(B)		_		ATTACHE
		o \$10,0(i0)*, earned within 180 day	, L	Up to \$2,225° of deposits town services for personal, family, o		
before filing of the bankru	etry petition	or cessation of the debtor's	Ĺ	Taxes or penalties owed to go	vernmental units - 1	1 U.S.C. § 507(a)(8).
business, whichever is ea				Other - Specify applicable par	agraph of 11 U.S.C.	§ 507(a) ().
Contributions to an emplo	yee benefit p	olain - 11 U.S.C. § 507(a)(5).		* Amounts are subject to adju with respect to cases commen		
5. TOTAL AMOUNT OF CL	AIM \$	\$	50,0		red on or and the t	\$ 50,633,33
AT TIME CASE FILED:	•	(unsecured)		secured)	(priority)	(Total)
Check this box if claim inc	dud e s intere	est or other charges in addition to t	•	,		, ,
6. CREDIT'S: The amount	of all paym	ents on this claim has been cre	dited and o	deducted for the purpose of n	naking this proof o	f daim.
7. SUPPORTING DOCU	MENTS:	Attach copies of supporting doc	uments, su	uch as promissory notes, pur	chase orders, invo	pices, itemized statements of
running accounts, contra	icts, court j	udgments, mortgages, security re not available, explain. If the	agreement	ts, and evidence of perfection	of lien. DO NOT	SEND ORIGINAL
		eceive an acknowledgment of the				envelope and copy of this
proof of clairn.				•		
The original of this cor	npleted pr	oof of claim form must be sei received on or before 5:00 pr	nt by mail	or hand delivered (FAXES N	NOT	THIS SPACE FOR COURT USE ONLY
		ng individuals, partnerships,				USE ONL I
governmental units). BY MAIL TO:	4.11.		RY HAND	OR OVERNIGHT DELIVERY TO	· ··· · · · · · · · · · · · · · · · ·	
BMC Group	-l4 O-		BMC Gro	up		
Attn: USACM Claims Do P. O. Box 911	cketing Ce	nier		ACM Claims Docketing Cente at Franklin Avenue	er	• •
El Segundo, CA 90245-0	911			do, CA 90245		
DATE		print the name and title, if any, of t				
12/7/06	I ('.	claim (attach copy of power of atto		A .		
121 100 James, Echickinght						

_	Cas	C 46-10 625-40M2E 110C 8081	a-74.0.4E	12 16 161616161616161616161616161616161616	:04b26P2	AREALOT 11	
		ES BANKRUPTCY GOURT RICT OF NEVADA	PROOF OF CLAIM		YOUR CL	AIM IS SCHEDULED AS:	
Na	me of Debtor:		Case Nu	Case Number:		Schedule/Claim ID s32311	
	USA Commercial	Mortgage Company	06-107	725-LBR	Amount/Classific		
			İ			ecured	
Thi aris	s form should not be used sing after the commencer ministrative expense may	t of Debtors and Case Numbers. d to make a claim for an administrative ex nent of the case. A "request" for payment be filed pursuant to 11 U.S.C. § 503.		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		ected above constitute your claim as	
	RAYMOND TRO C/O RAYMOND 77420 SKY MES INDIAN WELLS,	III 13212400 LL TRUST TROLL TRUSTEE A LN CA 92210-6103	001455	statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the court.	you agree with the other claim agains this proof of claim If the amounts sh Unliquidated or Effied. If you have alr Bankruptcy Court	Debtor or pursuant to a filed claim. If a amounts set forth herein, and have no at the Debtor, you do not need to file EXCEPT as stated below. nown above are listed as Contingent, Disputed, a proof of claim must be ready filed a proof of claim with the tor BMC, you do not need to file again.	
		(760 200-9958) other number by which creditor identifies	dobtor	Court	THIS SPAC	CE IS FOR COURT USE ONLY	
A	CountID		debior.	Check here repla if this claim amer	 a previously 	y filed claim dated:	
1.1	BASIS FOR CLAIM		Retiree b	penefits as defined in 11 U.S	.C. § 1114(a)	Unremitted principal	
-	Goods sold Services performed	Personal injury/wrongful death Taxes		salaries, and compensation	(fill out below)	Other claims against servicer (not for loan balances)	
	Money loaned	Other (describe briefly)		r digits of your SS #:		(not for loan balances)	
-	1 Money loaned	Cirie (describe bliefly)	Unpaid o	compensation for services pe	erformed from:	(date) to (date)	
2. 1	DATE DEBT WAS INCUF	RRED: 3/15/06	3. IF C	OURT JUDGMENT, DATE O	OBTAINED:	(date) (date)	
		AIM. Check the appropriate box or boxes that	best describ	oe your claim and state the amou	nt of the claim at th	e time case filed.	
1	See reverse side for important ISECURED NONPRIORI	•		SECURED CLAIM			
Ö	Check this box if: a) there is	s no collateral or lien securing your claim, or b) yoperty securing it, or if c) none or only part of you		Check this box if you a right of setoff).	our claim is secu	red by collateral (including	
LIM	entitled to priority. SECURED PRIORITY CI	AIM		Brief description of	collateral:		
×		an unsecured claim, all or part of which is		Real Estate	Motor Vehicle	e 🔲 Other	
	entitled to priority.			Value of Collateral	: \$		
	Amount entitled to priority Specify the priority of the cl	s <u>297943°</u>		Amount of arrearage a secured claim, if any:		at time case filed included in	
	Domestic support obligation	ns under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of deposits toward			
		ssions (up to \$10,000)*, earned within 180 days to petition or cessation of the debtor's	_	services for personal, family, o		. , , , ,	
		ier - 11 U.S.C. § 507(a)(4).	⊢	Taxes or penalties owed to go Other - Specify applicable para			
	Contributions to an employe	ee benefit plan - 11 U.S.C. § 507(a)(5).	L	* Amounts are subject to adjus	atment on 4/1/07 an	nd every 3 years thereafter	
5	TOTAL AMOUNT OF CLA	AIM \$ \$		with respect to cases commen	ced on or after the		
	AT TIME CASE FILED:	(unsecured)	(5	secured)	(priority)	\$ 29,794.30 (Total)	
	Check this box if claim incl	ludes interest or other charges in addition to the	,	· ·	***	` '	
7.	SUPPORTING DOCUI running accounts, contract DOCUMENTS. If the doc	of all payments on this claim has been cre MENTS: <u>Attach copies of supporting doctors</u> , court judgments, mortgages, security cuments are not available, explain. If the copy: To receive an acknowledgment of the	<u>uments,</u> su agreemen documents	uch as promissory notes, pur ts, and evidence of perfectio s are voluminous, attach a su	chase orders, inv n of lien. DO No ımmary.	voices, itemized statements of OT SEND ORIGINAL	
	proof of claim.	T, To room an administration of the	e minig or y	rour ciairi, cholose a stampe	a, sen-addresse	d envelope and copy of this	
	ACCEPTED) so that it is for each person or entit governmental units). BY MAIL TO:	pleted proof of claim form must be sens actually received on or before 5:00 pm by (including individuals, partnerships, o	n, prevailin corporatio	ng Pacific time, on Novemb	per 13, 2006 and	THIS SPACE FOR COURT USE ONLY	
	BMC Group Attn: USACM Claims Doo	cketing Center	BMC Gro				
	P. O. Box 911 El Segundo, CA 90245-0	_	1330 Eas	t Franklin Avenue			
DΔ		SIGN and print the name and title, if any, of the this claim (attach copy of power of attorn	creditor or	do, CA 90245 other person authorized to file			
	1611010						

		35-2-0-15	ntered: ΩΩ/15/111.13	<u>:04⊳27Pa</u>	<u> </u>
	UNITED STATES SANKRUPTOY COURT DISTRICT OF NEVADA	PA	OOF OF CLAIM		AIM IS SCHEDULED AS:
Na	me of Debtor:	Case N	umber:	Schedule/Claim I	D s32312
	USA Commercial Mortgage Company	06-10	725-LBR	Amount/Classific	ation
	Control and mongage company	00-10	725-LDN	\$35,836.18 Unse	cured
NO	TE: See Reverse for List of Debtors and Case Numbers.		T	4	
This	s form should not be used to make a claim for an administrative or ing after the commencement of the case. A "request" for paymen inistrative expense may be filed pursuant to 11 U.S.C. § 503.		Check box if you are aware that anyone else has filed a proof of claim relating	The amounts rotte	cted above constitute your claim as
Name of Creditor and Address: RAYMOND TROLL TRUST C/O RAYMOND TROLL TRUSTEE 77420 SKY MESA LN INDIAN WELLS, CA 92210-6103			to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.	scheduled by the I you agree with the other claim agains this proof of claim If the amounts sh Unliquidated or I	Debtor or pursuant to a filed claim. If amounts set forth herein, and have no it the Debtor, you do not need to file EXCEPT as stated below.
			Check box if this address differs from the address on the envelope sent to you by the		eady filed a proof of claim with the or BMC, you do not need to file again.
	ditor Telephone Number (76)0 200 - 9958		court.	THIS SPAC	E IS FOR COURT USE ONLY
Las	t four digits of account or other number by which creditor identifie	es debtor:	Check here repla	a proviously	/ filed claim dated:
1	Account IN-6315		if this claim ame	r a previousiy nds	/ inec ciaim dated
1. E	BASIS FOR CLAIM	Retiree	benefits as defined in 11 U.S	S.C. § 1114(a)	Unremitted principal
	Goods sold Personal injury/wrongful death		salaries, and compensation		Other claims against servicer
إ∣	Services performed Taxes	_	r digits of your SS #:	·	(not for loan balances)
-	Money loaned	Unpaid	compensation for services pe	erformed from:	to
2.5	DATE DEBT WAS INCURRED: 2/27/06	la ré d	OURT HIROMENT DATE	ORTAINED.	(date) (date)
	DATE DEBT WAS INCURRED: 2/27/06 CLASSIFICATION OF CLAIM. Check the appropriate box or boxes the		OURT JUDGMENT, DATE (ibe your claim and state the amou		e time case filed.
	ee reverse side for important explanations.		SECURED CLAIM		o mino oddo mod.
UN	SECURED NONPRIORITY CLAIM \$			our claim is secu	red by collateral (including
╙	Check this box if: a) there is no collateral or lien securing your claim, or be exceeds the value of the property securing it, or if c) none or only part of y		a right of setoff).		,
	entitled to priority. SECURED PRIORITY CLAIM		Brief description of	f collateral:	
			Real Estate	☐ Motor Vehicle	Other
1	entitled to priority.		Value of Collateral	l: \$	
	Amount entitled to priority \$ 35, 1/705 Specify the priority of the claim:		Amount of arrearage a secured claim, if any:	and other charges	at time case filed included in
	Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of deposits toward		
	Wages, salaries, or commissions (up to \$10,000)*, earned within 180 day before filling of the bankruptcy petition or cessation of the debtor's	/s	services for personal, family, o		* ' ' ' ' '
	business, whichever is earlier - 11 U.S.C. § 507(a)(4).	-	Taxes or penalties owed to go Other - Specify applicable pan		
	Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	_	* Amounts are subject to adjust	· .	
<u></u>	OTAL AMOUNT OF CLAIM \$		with respect to cases commer	nced on or after the	date of adjustment.
	OTAL AMOUNT OF CLAIM \$ \$ AT TIME CASE FILED: (unsecured)		<u> </u>	11-7.00	\$ 35-/17.06
	Check this box if claim includes interest or other charges in addition to	,	secured) I amount of the claim. Attach ite	(priority) emized statement ((Total) of all interest or additional charges.
	CREDITS: The amount of all payments on this claim has been o				
1 1	SUPPORTING DOCUMENTS: <u>Attach copies of supporting do</u> running accounts, contracts, court judgments, mortgages, securi DOCUMENTS. If the documents are not available, explain. If the	ty agreemer	nts, and evidence of perfectio	n of lien. DO NO	olces, itemized statements of OT SEND ORIGINAL
8. E	DATE-STAMPED COPY: To receive an acknowledgment of proof of claim.			-	d envelope and copy of this
	The original of this completed proof of claim form must be s ACCEPTED) so that it is actually received on or before 5:00 p for each person or entity (including individuals, partnerships governmental units).	om, prevaili	ing Pacific time, on Novemi	ber 13, 2006	THIS SPACE FOR COURT USE ONLY
1 1	BMC Group	BY HAND BMC Gro	OR OVERNIGHT DELIVERY TO):	
/	Attn: USACM Claims Docketing Center	Attn: US/	ACM Claims Docketing Cente	er	
	P. O. Box 911 El Segundo, CA 90245-0911		st Franklin Avenue ido, CA 90245		
DA		the creditor or			
	12/26/06 this claim (attach copy of power of attach	2io,, ii diriy).			

Case Upaka/Wa-UNVO5-WOC 90lab	m <u>< 1.8.84</u>	TIGLE OF MENIOD THUTE	7U4 Zane Ha	6 16 26 01 11
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRC	OF OF CLAIM	YOUR CL	AIM IS SCHEDULED AS
Name of Debtor	Case Nu	mber	Schedule/Claim II	
USA Commercial Mortgage Company	06-107	'25-LBR	Amount/Classification	
			\$28 804 73 Unsecured	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A request' for payment administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of	The amounts reflected above constitute your claim as	
Name of Creditor and Address THE SCHOONOVER FAMILY TRUST DATED 2/23/04 C/O EDWARD L & SUSAN A SCHOONOVER CO TTEES 164 SHORETT DR FRIDAY HARBOR, WA 98250-8140	statement giving particulars Check box if you have never received any notices from the bankruptcy count or BMC Group in this case Check box if this address differs from the address on the		scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein and have no other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below. If the amounts shown above are listed as Contingent Unliquidated or Disputed, a proof of claim must be filed. If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again.	
Creditor Telephone Number ()		court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies 49.5	debtor	Check here repla		r filed claim dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes	•	salaries, and compensation digits of your SS #	(fill out below)	Other claims against service (not for loan balances)
Money loaned	Unpaid c	compensation for services pe	erformed from	to (date) (date)
2 DATE DEBT WAS INCURRED		OURT JUDGMENT, DATE (
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	best describ	e your claim and state the amou	nt of the claim at th	e time case filed
UNSECURED NONPRIORITY CLAIM \$ 29227./9		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b) you exceeds the value of the property securing it or if c) none or only part of you entitled to priority	our claim r claim is	a right of setoff)		red by collateral (including
UNSECURED PRIORITY CLAIM		Brief description of	_	□ out
Check this box if you have an unsecured claim all or part of which is entitled to priority		Real Estate Value of Collateral		Other
Amount entitled to priority \$ Specify the priority of the claim			nd other charges	at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward	ard purchase lease	or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	П	services for personal family of Taxes or penalties owed to go		• ,,,,
business whichever is earlier 11 U S C § 507(a)(4)		Other Specify applicable para		÷ ,,,,
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adjust with respect to cases commen		
5 TOTAL AMOUNT OF CLAIM \$ 29227 19 \$		\$	ood on or and the	\$ 2522719
AT TIME CASE FILED (unsecured)	(s	ecured)	(pnonty)	(Total)
Check this box if claim includes interest or other charges in addition to the	e principal	amount of the claim Attach ite	emized statement o	of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been creed 7 SUPPORTING DOCUMENTS Attach copies of supporting documents contracts, court judgments mortgages security of	<i>ıments,</i> su	ich as promissory notes, pur	chase orders in	oces, itemized statements of
DOCUMENTS If the documents are not available explain. If the o	documents	are voluminous attach a su	ımmary	
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim				u envelope and copy of this
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, of governmental units)	i, prevailir corporatio	ng Pacific time, on Novemlons, joint ventures, trusts a	ber 13, 2006 and	THIS SPACE FOR COURT USE ONLY
BMC Group	BMC Grou			
P O Box 911	Attn USA 1330 East	.CM Claims Docketing Cente t Franklin Avenue do, CA 90245	er	
DATE SIGN and print the name and title if any of the this claim (attach copy of power of attornic	creditor or	other person authorized to file	DOLIOUST	
01to4/01 /2/100		Ca-70 15125		

Case <u>Q6a1Q725-gwz25-poc 9065-218 Ente</u>red 109/15/11012704;23_{0e} Page₂7 of 11 UNITED STATES BANKRUPTCY COURT PROOF OF CLAIM DISTRICT OF NEVADA YOUR CLAIM IS SCHEDULED AS Schedule/Claim ID Name of Debtor Case Number Amount/Classification **USA Commercial Mortgage Company** 06-10725-LBR \$41 666 67 Unsecured NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense Check box if you are aware that anyone else has arising after the commencement of the case. A "request' for payment of an filed a proof of claim relating administrative expense may be filed pursuant to 11 USC § 503 The amounts reflected above constitute your claim as to your claim Attach copy of scheduled by the Debtor or pursuant to a filed claim if Name of Creditor and Address statement giving particulars you agree with the amounts set forth herein and have no 11321240000505 other claim against the Debtor you do not need to file Check box if you have THE SCHOONOVER FAMILY this proof of claim EXCEPT as stated below never received any notices TRUST DATED 2/23/04 from the bankruptcy court or If the amounts shown above are listed as Contingent, C/O EDWARD L & SUSAN A SCHOONOVER CO TTEES BMC Group in this case Unliquidated or Disputed a proof of claim must be 164 SHORETT DR Check box if this address FRIDAY HARBOR WA 98250 8140 If you have already filed a proof of claim with the differs from the address on the Bankruptcy Court or BMC you do not need to file again envelope sent to you by the court THIS SPACE IS FOR COURT USE ONLY Creditor Telephone Number (360) 3.7 8466 Last four digits of account or other number by which creditor identifies debtor replaces Check here a previously filed claim dated or amends if this claim 1 BASIS FOR CLAIM Retiree benefits as defined in 11 U S C § 1114(a) Unremitted principal ☐ Goods sold Personal injury/wrongful death Other claims against servicer (not for loan balances) Wages, salaries and compensation (fill out below) Services performed ☐ Taxes Last four digits of your SS # Other (describe briefly) Money loaned Unpaid compensation for services performed from to (date) (date) 2 DATE DEBT WAS INCURRED 3 IF COURT JUDGMENT, DATE OBTAINED 3/1/2006 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations SECURED CLAIM N/A UNSECURED NONPRIORITY CLAIM \$ 42277 83 Check this box if your claim is secured by collateral (including Check this box if a) there is no collateral or lien securing your claim or b) your claim a right of setoff) exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority Brief description of collateral UNSECURED PRIORITY CLAIM

Check this box if you have an unsecured claim all or part of which is ☐ Real Estate ☐ Motor Vehicle ☐ Other entitled to priority Value of Collateral Amount entitled to priority Amount of arrearage and other charges at time case filed included in secured claim if any \$ Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 USC § 507(a)(7) Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's Taxes or penalties owed to governmental units 11 U S C § 507(a)(8) business whichever is earlier 11 USC § 507(a)(4) Other Specify applicable paragraph of 11 U S C § 507(a) (__ Contribution to an employee benefit plan 11 U S C § 507(a)(5) * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment 5 TOTAL AMOUNT OF CLAIM 42277.83 77 83 AT TIME CASE FILED (unsecured) (secured) (pnonty) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous attach a summary DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped, self addressed envelope and copy of this proof of claim The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT THIS SPACE FOR COURT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 **USE ONLY** for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units) BY MAIL TO BMC Group BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center P O Box 911 1330 East Franklin Avenue El Segundo CA 90245 0911 El Segundo, CA 90245 SIGN and print the name and title if any of the creditor or other person authorized to file DATE This claim (attach copy of power of attorney if any) EDW ARD L Sc. HOONS woll

Case 06-14/2/5-0wz>5-140c 906t	m21.Ω E 9	Mereo#W941/5/14	∩1/27/04 t2√a a Ha	are>8 of 11	
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	STATES BANKRUPTCY COURT PROOF			AIM IS SCHEDULED AS	
Name of Debtor	Case Nu	mber	Schedule/Claim II		
USA Commercial Mortgage Company		06-10725-LBR		Amount/Classification \$15 542 15 Unsecured	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A request for payment administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else hi filed a proof of claim relat to your claim Attach cop	as ing The amounts reflect	The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below. If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed. If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.	
Name of Creditor and Address THE SCHOONOVER FAMILY TRUST DATED 2/23/04 C/O EDWARD L & SUSAN A SCHOONOVER CO TTEES 164 SHORETT DR FRIDAY HARBOR WA 98250 8140	00505	statement giving particular Check box if you hav never received any notice from the bankruptcy court BMC Group in this case Check box if this add differs from the address cenvelope sent to you by the	you agree with the other clarm against this proof of claim this proof of claim the thing proof of claim thing pr		
Creditor Telephone Number ()		court	THIS SPAC	E IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies	debtor		replaces or a previously amends	filed claim dated	
1 BASIS FOR CLAIM	Retiree t	penefits as defined in 1	1 U S C § 1114(a)	Unremitted principal	
Goods sold Personal injury/wrongful death Services performed Taxes	_	salaries and compensa	ation (fill out below)	Other claims against service (not for loan balances)	
Money loaned Other (describe briefly)	Unpaid o	compensation for servic	es performed from	to (date) (date)	
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DA	ATE OBTAINED		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	best descrit	oe your claim and state the	amount of the claim at the	e time case filed	
UNSECURED NONPRIORITY CLAIM \$ 15 779.60		SECURED CLAIR			
Check this box if a) there is no collateral or lien securing your cia or b) you exceeds the value of the property securing it or if c) none or only part of you entitled to priority	our claim	a right of seto	off)	red by collateral (including	
UNSECURED PRIORITY CLAIM			non of collateral	—	
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Colla	te Motor Vehicle ateral \$	Other	
Amount entitled to priority \$ Specify the priority of the claim		Amount of arreard secured claim, if a	age and other charges any \$	at time case filed included in	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000) earned within 180 days			ts toward purchase lease mily or household use 11		
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)		Taxes or penalties owed	I to governmental units 1	1 U S C § 507(a)(8)	
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	L		le paragraph of 11 USC	* ,,,,,	
			mmenced on or after the o	d every 3 years thereafter date of adjustment	
5 TOTAL AMOUNT OF CLAIM \$ /5779.60 \$		\$		_\$ 1577960	
(unsecured) Check this box if claim includes interest or other charges in addition to the	•	secured) amount of the claim Atta	(priority) ach itemized statement c	(Total) of all interest or additional charges	
6 CREDITS The amount of all payments on this claim has been cree 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting docu-</u> running accontracts, court judgments mortgages security	<i>ıments,</i> sı agreemen	ich as promissory notes ts and evidence of per	s purchase orders inv fection of lien DO NO	oices itemized statements of	
DOCUMENTS If the documents are not available, explain If the c 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim			•	d envelope and copy of this	
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or governmental units)	i, prevaili corporatio	ng Pacific time, on No ons, joint ventures, tru	evember 13, 2006 usts and	THIS SPACE FOR COURT USE ONLY	
BY MAIL TO BMC Group	BMC Gro	•			
Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245 0911	1330 Eas	CM Claims Docketing of t Franklin Avenue do CA 90245	Center		
DATE SIGN and print the name and title if any of the this claim (attach copyof power of attornion)	creditor or ey if any)	other person authorized to	file HOWS VER		
UI/7/000 Slevents	0	272115755			

Case <u>Q6-1-Q725-0wz-5-190c 9065-219Enterect (Q9/145/1111127</u>04;27_{0e} Page39 of 11 UNITED STATES BANKRUPTCY COURT. **PROOF OF CLAIM** DISTRICT OF NEVADA YOUR CLAIM IS SCHEDULED AS Schedule/Claim ID s32562 Name of Debtor Case Number Amount/Classification **USA Commercial Mortgage Company** 06-10725-LBR \$1 164 97 Unsecured NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense Check box if you are arising after the commencement of the case. A request, for payment of an aware that anyone else has filed a proof of claim relating administrative expense may be filed pursuant to 11 U S C § 503 The amounts reflected above constitute your claim as to your claim. Attach copy of scheduled by the Debtor or pursuant to a filed claim. If Name of Creditor and Address statement giving particulars you agree with the amounts set forth herein and have no 11321240002256 other claim against the Debtor you do not need to file Check box if you have STANLEY C GERMAIN & DOROTHY GERMAIN this proof of claim EXCEPT as stated below never received any notices PO BOX 307 from the bankruptcy court or If the amounts shown above are listed as Contingent MONTROSE CA 91021 0307 BMC Group in this case Unliquidated or Disputed a proof of claim must be Check box if this address If you have already filed a proof of claim with the differs from the address on the Bankruptcy Court or BMC you do not need to file again envelope sent to you by the court THIS SPACE IS FOR COURT USE ONLY Creditor Telephone Number (Last four digits of account or other number by which creditor identifies debtor replaces Check here a previously filed claim dated or amends if this claim BASIS FOR CLAIM Unremitted principal Retiree benefits as defined in 11 U S C § 1114(a) ☐ Goods sold Personal injury/wrongful death Other claims against servicer Wages salaries and compensation (fill out below) Services performed Taxes (not for loan balances) Last four digits of your SS # Other (describe briefly) Money loaned Unpaid compensation for services performed from to (date) (date) 2 DATE DEBT WAS INCURRED 3 IF COURT JUDGMENT, DATE OBTAINED 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations **SECURED CLAIM UNSECURED NONPRIORITY CLAIM \$** Check this box if your claim is secured by collateral (including Check this box if a) there is no collateral or lien securing your claim or b) your claim a right of setoff) exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority Brief description of collateral UNSECURED PRIORITY CLAIM Other Real Estate Motor Vehicle Check this box if you have an unsecured claim all or part of which is entitled to priority Value of Collateral Amount entitled to priority Amount of arrearage and other charges at time case filed included in secured claim if any \$ Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 USC § 507(a)(7) Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's Taxes or penalties owed to governmental units 11 U S C § 507(a)(8) business whichever is earlier 11 U S C § 507(a)(4) Other Specify applicable paragraph of 11 U S C § 507(a) (____) Contributions to an employee benefit plan 11 U S C § 507(a)(5) * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment 5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED (unsecured) (secured) (pnonty) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges 6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts, court judgments, mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous attach a summary DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units) BY MAIL TO BMC Group BY HAND OR OVERNIGHT DELIVERY TO BMC Group JAN 08, Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center P O Box 911 1330 East Franklin Avenue El Segundo CA 90245-0911 El Segundo CA 90245 DATE SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

Case 06-49725-gwz25190c 9665172 15595cred 19245/1/12/2:04:27306Page 40 of 11 FORM B10 (Official Form 10) (10/05) DISTRICT OF Nevada UNITED STATES BANKRUPTCY COURT PROOF OF CLAIM Case Number 06-10725-LBR Name of Debtor USA Commercial Mortgage Company NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Check box if you are aware that anyone Name of Creditor (The person or other entity to whom the else has filed a proof of claim relating to debtor owes money or property.
Dwight W: Harouff & Mary Ann Harouff, your claim. Attach copy of statement joint tenants with right of survivorship giving particulars. Check box if you have never received any Name and address where notices should be sent: notices from the bankruptcy court in this Dwight W. & Mary Ann Harouff case. 5680 Ruffian Road Check box if the address differs from the Las Vegas, NV 89149 address on the envelope sent to you by THIS SPACE IS HOR COURT USE ONLY Telephone number: (702) 873-6688 the court. Check here replaces Last four digits of account or other number by which creditor amends a previously filed claim, dated: identifies debtor: if this claim Retiree benefits as defined in 11 U.S.C. § 1114(a) **lesis** for Claim Wages, salaries, and compensation (fill out below) Goods sold Last four digits of your SS #: Services performed Unpaid compensation for services performed Money loaned Personal injury/wrongful death from Taxes (date) (date) See Exhibit A Other Date debt was incurred: June, 2005 If court judgment, date obtained: 4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanation Secured Claim Unsecured Nonpriority Claim s 126,866.20 Check this box if your claim is secured by collateral (including Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority. a right of setoff). Brief Description of Collateral: Real Estate | Motor Vehicle Other Unsecured Priority Claim Value of Collateral: \$ unknown Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ 1,866,20 Amount entitled to priority \$_ Specify the priority of the claim: or services for personal, family, or household use - 11 U.S.C. Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or § 507(a)(7). (a)(1)(B)Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(_ *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). 126,866.20 126866.20 126.866.20 5. Total Amount of Claim at Time Case Filed: (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. 6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of THIS SPACE IS ITOR COURT USE ONLY making this proof of claim. 7. Supporting Documents: Attack copies of supporting documents, such as promissory notes, purchase

Up to \$2,225* of deposits toward purchase, lease, or rental of property Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, selfaddressed envelope and copy of this proof of claim. Sign and print the name and title, if any, of the creditor or other person authorized to Date file this claim (attach copy of power of attorney, if any):
Dwight W. Harouff
Dwight W. Harouff Dwalturke 1/9/07 Mary Ann Haront ne of up to \$600,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

FORM B10 (Official Form 10) (10/05) PROOF OF CLAIM United States Bankruptcy Court - District of Nevada Case Number Name of Debtor 06-10725-LBR **USA Commercial Mortgage Company** NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503 Name of Creditor (The person or other entity to whom the debtor owes Check box if you are aware that anyone else has filed a proof of money or property) claim relating to your claim. Scott Krusee Canepa Attach copy of statement giving particulars. Name and address where notices should be sent: Scott Krusee Canepa Check box if you have never c/o Laurel E. Davis received any notices from the bankruptcy court in this case. Lionel Sawyer & Collins 300 South Fourth Street, Suite 1700 Check box if the address differs Las Vegas, NV 89101 from the address on the envelope sent to you by the court. Telephone number: 702-383-8888 This Space is for Court Use Only Last 4 digits of account or other number by which creditor identifies debtor: Check here replaces a previously filed claim dated: if this claim ■ amends 1. Basis for Claim ☐ Retiree benefits as defined in 11 U.S.C. § 1114(a) ☐ Goods sold ☐ Wages, salaries, and compensation (fill out below) ☐ Services performed Last four digits of SS #: ☐ Money loaned Unpaid compensation for services performed ☐ Personal injury/wrongful death □ Taxes (date) (date) Other See Attachment 3. If court judgment, date obtained: 2. Date debt was incurred: 4. Classification of Claim. Check the appropriate box or boxes that describe your claim and state the amount of the claim at the time case filed. side for important explanations Secured Claim ☐ Check this box if your claim is secured by collateral (including a right of setoff). Unsecured Nonpriority Claim S Brief Description of Collateral: ☐ Check this box if: a) there is no collateral or lien securing your claim, Real Estate Motor Vehicle Other __ or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority. Value of Collateral: \$____ Unsecured Priority Claim. ☐ Check this box if you have an unsecured claim, all or part of which is entitled to priority Amount of arrearage and other charges at time case filed included in the secured claim, if any: \$ Amount entitled to priority \$ Specify the priority of the claim: ☐ Up to \$2,225* of deposits toward purchase, lease, or rental of property or ☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) services for personal, family, or household use - 11 U.S.C. § 507(a)(7). ☐ Wages, salaries, or commissions (up to \$10,000),* earned within 180 ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(_ ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). st Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment, 5. Total Amount of Claim at Time Case Filed: \$ (priority) (unsecured) (secured) ☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. This Space is for Court Use Only 6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary 8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim

Sign and print the name and title, if any, of the creditor or other person authorized to file

this claim (attach copy of power of attorney, if any):

/s/ Laurel E. Davis, Counsel for Claimant Laurel E. Davis, Counsel for Claimant

January 12, 2007